

Bodily Injury – Initial Insurer Notification Form

This is the initial form required in relation to any bodily injury incident occurring to:

- Any employee anywhere in the world whilst working for the business
- Any member of the public injured whilst at one of your business locations or sites where you are attending or holding an event

It is only intended to obtain the core basic information to allow an insurer to log an incident, so further information may be required in due course

This form needs to be completed within 72 hours of the incident and emailed to info@riskboxuk.com, along with a copy of the relevant accident report

Failure to provide this initial information could result in invalidating the company insurance

INSURED COMPANY:	
COMPANY CONTACT NAME / DETAILS:	
INCIDENT DATE / TIME:	
INJURED PARTY NAME:	
IS INJURED PARTY AN EMPLOYEE?	YES / NO
LOCATION OF INCIDENT:	
OVERVIEW OF INCIDENT:	
ACCIDENT REPORT ATTACHED:	YES / NO